

Pharmacy NewsCapsule

Division of Supportive Living (DSL)/Bureau of Quality Assurance (BQA)

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Hormone Replacement

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In the past, hormone replacement therapy (HRT) was considered a heart protective, an osteoporosis treatment and a very effective treatment for menopausal symptoms like hot flashes, vaginal dryness and night sweats. However, the Women's Health Initiative (WHI) study found that women taking Prempro® (estrogen and progesterone) have increased risk of heart attack, stroke, clotting problems, and breast cancer.

It is important to note that this study found these problems with Prempro® only. The facts are still out on Premarin® and other forms of estrogen and progestin products. However, based on current recommendations, many professionals are limiting the use of estrogen and progestin products in the following ways:

- For heart protection: if this was the sole reason for usage, they have discontinued use.
- For osteoporosis treatment: other appropriate alternatives are being utilized, including calcium and vitamin D.

HRT may still be used on a short-term basis for menopausal symptoms. Short-term use may extend up to four years. If HRT is used for menopausal symptoms and it is determined that the HRT will be discontinued, it is recommended that it be stopped slowly to avoid menopausal symptom flare-ups. Some people may remain on HRT because the benefits of HRT are greater than the risk for those particular people. As surveyors you may see these changes in HRT and should note whether providers are initiating new therapies and monitoring them appropriately.

Pharmacy Melting Pot

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- ❖ A recent study (Curr Med Res Opin 2002;18:129-38) suggests that if Alzheimer patients do not respond to Aricept®, they have a 50/50 chance of responding to Exelon®. This suggests that surveyors may see multiple medications prescribed, and used, for Alzheimer's patients before treatments are abandoned.
- ❖ An additional phenomenon related to medications like Aricept® and Exelon® is that they may increase agitation in some people with Alzheimer's disease. These medications can increase/maintain cognitive functions. As a result, patients or residents may actually become more insightful about their disease and become more depressed, angry and subsequently agitated. The decision to remove these drugs because of this effect becomes a significant health care decision. If the individual remains on medication, surveyors should verify that care plans address agitation for the resident/patient.

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New Drugs

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Brand Name	Generic Name	Use
Elitek	Rasburicase	Prevents tumor lysis syndrome in children receiving chemotherapy.
Eloxatin	Oxaliplatin	Chemotherapy for colorectal cancer.
Xyrem	Sodium oxybate	Gamma Hydroxy Butyrate for treating muscle weakness associated with narcolepsy.
Zelnorm	Tegaserod	For treatment of constipation-predominant irritable bowel syndrome.
Neulasta	Pegfilgrastim	For infection prevention.
Rebif	Interferon beta-1a	Interferon for treatment of relapsing multiple sclerosis.
Actonel	Residronate	New once weekly dose.

Med Error Corner

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Medication administration is just one part of the medication use system. A lot of technology is becoming available to make this part of the system safer. Some of this technology includes bar coding systems, which are proving to provide safer systems and save time for staff administering medications.

However, when employing any type of technology human intervention must still be addressed. People tend to be very innovative and may try to find a way around technology either to avoid learning the new technology or because they feel they can do things faster and better without the technology. In essence, the technology may eliminate some errors but also may create new ones, as people look for shortcuts.

As surveyors, you will begin to see medication administration systems more often. You should see facilities providing adequate testing and training of the staff using these systems. You should also notice facilities addressing the "new" errors these systems may be creating. Point of administration systems will continue to improve but will also create new problems that facilities should be addressing.

Focus Drug of the Month

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Methylphenidate

Although methylphenidate is most often used for children with attention deficit disorders, it is also being used for adults with various attention deficit disorders, including elderly individuals with various conditions or who are on medications that may cause some daytime drowsiness.

As surveyors, there are two issues to be aware of regarding methylphenidate use for the elderly. The first issue is side effects. Taking methylphenidate late in the day may cause insomnia. In most cases, adjusting the methylphenidate, instead of adding sleep medications, should treat the insomnia. Methylphenidate can cause other side effects, including hallucinations, toxic psychosis, movement disorders, and weight loss.

The second issue is that over the last few years there has been a significant increase in the different types of long acting forms of methylphenidate. They include Ritalin LA, Metadate CD, Ritalin SR, and Concerta. In addition to these products, there are also Adderall XR and Dexedrine Spansules.

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- ❖ Patient Controlled Analgesia (PCA) is an intravenous (IV) pump that contains morphine or a similar medication that is used to treat pain. Most often the pump is programmed to administer a constant amount of medication. The pump is also equipped and programmed to allow patients to administer additional doses of pain medication, as the patient needs it. These systems work very well because the patient can control his/her pain and the pump collects information so that health care providers can adjust doses of the pain medication as needed. Occasionally, literature will indicate adverse events where nurses and/or family members have used the pump to administer pain medication when they thought the patient needed it. In some circumstances, doing this causes adverse effects of excessive drowsiness and respiratory depression. Drowsiness is a built in safety check, because patients become too drowsy to operate the pump. However, if family or nurses use the pump to administer a dose because they believe the patient is in pain, they are overriding this built in safety check. As surveyors you should look for appropriate training of staff who are working with PCA devices.
- ❖ When medications are approved by the Food and Drug Administration, the recommended dose is usually based on studies done in healthy young men. Healthy young men have body metabolism that is very different from elderly men and women. Accordingly, some medications will be given at substantially lower doses than indicated in drug reference books when used in the elderly. As surveyors you should be aware of the lower doses and potential for them not being indicated in the drug books. Lower doses for the elderly may be very appropriate. If you have a question about a specific situation, please give me a call.

Capsule Quiz

How much time must a provider typically wait between administering puffs of different oral inhalers?

Answers from Wisconsin surveyors are accepted until November 30, 2002. A winner will be randomly drawn from the correct answers.

For those of you have responded to the quizzes thank you. The winner of the quiz in the May/June issue was Kris Carew in the Northern Regional Office. She correctly identified the information on Insulin preparation.

Because of the many names, some of which are similar, i.e. Ritalin SR and Ritalin LA, physicians may choose a medication not knowing the different effects of these medications. Similar names can also lead to pharmacists dispensing or nurses administering the wrong medication. Systems can be put in place to avoid mixing up methylphenidate products. Limiting what types are available, double checking all long-acting methylphenidate orders, and, of course, education can all help avoid problems.

Each of the long acting forms of methylphenidate works a little differently. The long acting technology of these drugs allows some of them to release a little drug consistently throughout the day while others allow release twice a day. These long acting products must not be crushed. Some of them may be opened and sprinkled on food. In most cases the food should not be chewed. In some cases, the food must not be hot because heat causes the drug to release too fast.

In most cases short acting methylphenidate will be used in the elderly because physicians can control how the medication is working by changing the times it is administered. In addition, short acting methylphenidate is a much cheaper alternative to the long acting products.

If there are medications you would like featured in this column, please send an email to Doug at engleda@dhfs.state.wi.us

Consultant's Corner

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This section will appear in each issue and will contain information that will answer your questions. If there is a topic about which you want more detailed information, please drop me an email at engleda@dhfs.state.wi.us and I'll research the topic.

1. The facility is coding clonazepam as an anticonvulsant on the Minimum Data Set (MDS) but is using it for anxiety. Is that correct?

There are some medications that are therapeutically classified as one type of medication and used for another purpose. The instruction for MDS is to code the drug based on the therapeutic class. So in the case of clonazepam, it may be coded as an anticonvulsant, but used for anxiety. From a survey perspective the facility should be monitoring the medication based on its use, not its therapeutic class. Therefore, if clonazepam is used for anxiety, staff should monitor the effectiveness of the drug based on relief of symptoms of anxiety.

2. When can lack of tardive dyskinesia (TD) screening be cited?

The nursing home regulations require facilities to adequately monitor drug therapy. Adequate monitoring is dependent on the type of medication being used and the resident's condition at the time. For example, the medications for an unstable diabetic would be monitored more intensely than for a diabetic who has been stable for months on a given medication. When it comes to tardive dyskinesia, the extent of monitoring depends on the resident and the specific antipsychotic medication. General suggestions would include a baseline evaluation, an evaluation each time dosage adjustment occurs and an evaluation at least every six months. Some people may be monitored more often, others less. Sometimes facilities may not establish a baseline because the resident began using the antipsychotic before being admitted to the nursing home. The key to monitoring TD is based on given individual characteristics and the risk to that individual. The higher the risk, the greater the need for monitoring.

3. Can Effexor XR be opened and sprinkled on food?

Some medications, including Effexor XR, are listed as ones that should be swallowed whole. However, the manufacturer advised me verbally that Effexor XR can be opened and sprinkled on food. Occasionally, the information listed in drug books and the package insert of the medication may not be completely up to date. Please ask the facility to justify the way they are administering medications. If you still have questions, please call me so I can find out for you.

4. Can a CBRF have a stock supply of medications to be used for all residents?

HFS 83.33(3)(b)2.a. indicates, "All prescription medications shall have a label permanently attached to the outside of the container which identifies the information as required in s. 450.11(4), Stats. Non-prescription medications shall be labeled with the name of the medication, directions for use, the expiration date and the name of the resident taking the medication."

This would require all medications in a CBRF to be individualized for residents of the CBRF and would eliminate the use of stock supplies. Some CBRFs, however, serve unique populations and may have exceptions to this requirement, based on the circumstances present in that specific facility. These exceptions would be in the form of a waiver or variance issued by the Bureau of Quality Assurance for that specific facility.

References are available upon request.